PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR REINSTATEMENT DOCUMENT # K35553 1 Corporation Name UUU PROPERTY MANAGEMENT, INC. Mailing Address c/o Citibank c/o Citibank 8750 Doral Blvd. 8750 Doral Blvd. Miami, Fl 33178 Miami, Fl 33178 If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS SPACE Date incorporated or Qualified
To Do Business in Florida 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 9/30/88 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied Far City & State 65-0079029 City & State Not Applicable Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors (SEE ATTACHED LIST OF OFFICERS AND/OR DIRECTORS) 7<u>00002033637</u>--12/19/96--01031--006 \*\*\*\*783.75 \*\*\*\*783.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Richard M. Sassi c/o Citibank Suite, Apt. #, Etc. 8750 Doral Blvd. Miami, FL 33178 City Zip Code State 10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11/21/96 REGISTERED AGENT MUST SIGN (See other side for additional information.) 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the (See other side for information No X on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 13. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the recover or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 11/21/96 (305) 599-5807 VP/Secretary SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR